

Report of Changes That May Affect Your Black Lung Benefits



U.S. Department of Labor

OMB No.: 1215-0084
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Important!

Complete, sign and return this form within 30 days of receipt. See instructions on page 3.

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1. If your name and address above are not correct, enter your correct name and address here:

Enter your phone number here:

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2. Was your last monthly Federal Black Lung check

☐ Yes ☐ No

3. Are you

☐ Yes ☐ No

If "No," complete the following:

Date of divorce	Date of death
Date of current marriage	
Name of your current spouse	

4. If married, what is your current spouse's Social Security Number?

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5. You receive benefits for the dependents listed below. Is this correct?

☐ Yes ☐ No

If "No," cross out the wrong information, and enter the correct information below.

Dependent Name	Date of Birth	Married? Yes or No	Deceased? Yes or No	Student? Yes or No	Disabled? Yes or No

Corrected Information

Be sure to list any **other** dependent children you may have under age 18, or over 18 and disabled or in school.

Dependent Name	Date of Birth	Married? Yes or No	Deceased? Yes or No	Student? Yes or No	Disabled? Yes or No

6. Is the following information about your State Workers' Compensation Claim for Black Lung correct?

☐ Yes ☐ No

If "No," cross out the wrong information, and enter the correct information in the space below.

Have you applied? What State? Date Filed? Decision Monthly Payment Amount State Claim Number

Only a miner must also answer questions 7, 8, and 9.

7. Do you provide, or are you under court order to provide support for a divorced spouse? ☐ Yes ☐ No

If "Yes," has your divorced spouse remarried ?

☐ Yes ☐ No

8. Are you working? ☐ Yes ☐ No

If "Yes," what is your job title? _____

and your estimated annual earnings for the current year? \$ _____

9. Have you ever worked for the Federal government? ☐ Yes ☐ No

If "Yes," have you ever filed for Federal Employees' Compensation (FECA)

because of a lung problem? ☐ Yes ☐ No

If you are the mother, father, brother, sister, or disabled adult child of a deceased miner and this form is addressed to you, you must also answer question 10.

10. Are you working? ☐ Yes ☐ No

If "Yes," what are, your estimated annual earnings for the current year? \$ _____

This form must be signed and dated.

11. I certify that all of the information is correct to the best of my knowledge.

If you conceal or fail to disclose a reporting event with an intent to obtain benefits fraudulently either in a greater amount or when no payment is authorized, you may be fined, imprisoned, or both, as provided in 30 U.S.C. 941.

Beneficiary's Signature

Date

If the beneficiary is not able to sign this form, the person completing this form should fill out the following information:

Signature _____ Date _____

Address _____ Phone number _____

Reason beneficiary did not sign this form: _____

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